MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILIAL NO. 9004428/ FILING DAT

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| 31           | <u> </u>       | - 1            |  |              | <del>  </del>                                    | <del></del>    | <u> </u>        |              | 80          |  | <del></del>      |                    |                | 11          | <del></del>      |
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| 35           |                | <del></del>    |  |              |  |                |                 | -            | 84          | <del></del>                                      |                  |                    |                |             | , '              |
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| 39           | 1.             |                |  |              | <del></del>                                      |                |                 | <u> </u>     | 88          |  |                  |                    |                | 11 11       |                  |
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| IALS         | 40             |                | 1  |              | <del></del>                                      |                |                 | UEF          | • . I'      | . —  | ,                | _                  | - ر            |             |                  |
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